

Georgia Department of Human Resources
SUPPORTING BUDGET SCHEDULE: EQUIPMENT PURCHASES
 for the Fiscal Year July 1, 20__ through June 30, 20__

Division # 030		Program #		
Local Agency #	Local Agency Name	Program Name	Budget Revision #	
Description	No Units	Program	Unit Cost	Total Cost
Total				

I certify that the information on this schedule is a complete and accurate detail of Equipment Purchases.

DHR: ☐ Approval
☐ Approval w/Exception
☐ Disapproval

Board Chairperson or Executive Director

Form 1240 (2-00)

Signature

Date